# Strategic Plan 2012-2014

# Sedgwick County Health Department

**SEDGWICK COUNTY**

January 1, 2012

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# Sedgwick County Health Department
## 2012-14 STRATEGIC PLAN

Sedgwick County... working for you

Mission Statement: to improve the health of Sedgwick County residents by preventing disease, promoting wellness and protecting the public from health threats.

| Lead Public Health Assessment and Policy Development | Protect The Public From Health Threats | Promote Healthy Behaviors | Improve Access To Health Care Services | Assure A High Performing Health Department |
|---|---|---|---|---|
| Lead/Direct Community Public Health Assessments and Improvement Plans | Investigate And Control Communicable Diseases | Promote Healthy Birth Outcomes | Lead Collaboration among Community Health Clinics | Develop the Public Health Workforce |
| Provide Guidance for Health Policy Development | Prevent Communicable Diseases Through Immunizations | Reduce Chronic Disease | Provide Preventive Health Services | Manage Performance And Assure Continuous Quality Improvement |
| Lead Community Engagement and Action around Community Health Issues | Prepare For Public Health Emergencies | Promote Health through Multiple Communications Strategies | Participate in the Wichita Health Information Exchange | Administer Fiscal, Technology and Operations Support Functions |

Healthy Communities — Healthy People

Developed in 2011 for 2012 -2014

www.sedgwickcounty.org

# Strategic Plan

Sedgwick County Health Department

## Process and Planning Steps

The strategic planning process began with selecting facilitation. A new SCHD division director (Shirley Orr) who had ample understanding of the Kansas public health system, but little experience with the internal workings of the SCHD was paired with a part-time employee (Barry Carroll) with a seasoned resume of experience with leading strategic planning facilitation for other agencies. These two planned a process and began engaging the Leadership Group, five division directors (Pamela Martin, Bill Farney, Adrienne Byrne Lutz, Roderick Harris, & Shirley Orr) and the Director of Health (Claudia Blackburn) in a planning process.

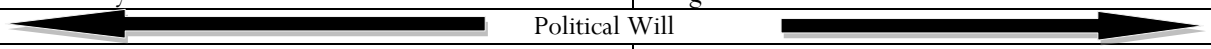
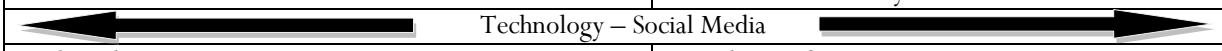
The first meeting began with process expectations discussions. Then the group participated in a short review of the history of the Kansas Department of Health and Environment, Kansas Local Health Departments, Functional Regionalism, the 1988 IOM report—*The Future of Public Health*--which established the three core functions, the 1994 Core Functions reported in *Public Health in America,* the National Public Health Performance Standards Program, and the draft standards developed by the Public Health Accreditation Board.

| Date and Meeting Purpose | Planning Process Participants |
|---|---|
| February 2011—Facilitation team selected | LG: Claudia Blackburn (Health Director), Cindy Pollard, Pamela Martin (Preventive Health Division Director), Bill Farney (Administrative Services Director) , Adrienne Byrne Lutz (Children and Family Health Division Director), Roderick Harris (Center for Health Equity Director), & Shirley Orr (Health Protection and Promotion Director) |
| March 9, 2011—Mission statement review and revision, determination of priorities and highest hopes | LG: Claudia Blackburn (Health Director), Cindy Pollard, Pamela Martin (Preventive Health Division Director), Bill Farney (Administrative Services Director) , Adrienne Byrne Lutz (Children and Family Health Division Director), Roderick Harris (Center for Health Equity Director), & Shirley Orr (Health Protection and Promotion Director) |
| March 28, 2011—Introduction, Process, Expectations, Priority Needs identification, review of community health priorities, discussion of needs/limitations. | LG: Claudia Blackburn (Health Director), Cindy Pollard, Pamela Martin (Preventive Health Division Director), Bill Farney (Administrative Services Director) , Adrienne Byrne Lutz (Children and Family Health Division Director), Roderick Harris (Center for Health Equity Director), and Shirley Orr (Health Protection and Promotion Director) co-facilitating with Barry Carroll. |
| April 4, 2011 – Review of strategic planning models and selection of strategy areas. | LG: Claudia Blackburn (Health Director), Cindy Pollard, Pamela Martin (Preventive Health Division Director), Bill Farney (Administrative Services Director) , Adrienne Byrne Lutz (Children and Family Health Division Director), Roderick Harris (Center for Health Equity Director), and Shirley Orr (Health Protection and Promotion Director) co-facilitating with Barry Carroll. |
| April 28, 2011 – Determination of driving and restraining forces, framework selection, review of "adaptive" challenges, appreciative inquiry: deeper purpose discussion. | LG: Claudia Blackburn (Health Director), Cindy Pollard, Pamela Martin (Preventive Health Division Director), Bill Farney (Administrative Services Director) , Adrienne Byrne Lutz (Children and Family Health Division Director), Roderick Harris (Center for Health Equity Director), and Shirley Orr (Health Protection and Promotion Director) co-facilitating with Barry Carroll. |
| May 5, 2011—Strategic priorities and draft objectives | LG (see above) and J'Vonnah Maryman (Asst. Preventive Health Division Director), Curtis Kirkpatrick (Operations Manager), Lucretia Burch (Finance Manager), Pamaline |

| Date and Meeting Purpose | Planning Process Participants |
|---|---|
| shared with program managers. Teams formed for seven strategic statements. | King-Burns (Center for Health Equity Project Manager), Susan Wilson (Healthy Babies Program Director), Sandi Reichenberger (WIC Director), Stacy Blankenship (M&I Clinic Program Manager), Christy Hillard (Children's Dental Clinic Program Manager), Maihoa Nguyen (Family Planning Clinic Manager), Joab Barbosa ( Lab Manager), Jeff Anschutz (Customer Service Manager), Shane Coelho (Preventive Health Division), Preston Goering (TB Program Manager), Janice McCoy (Health Protection Program Manager), Jason Ybarra (STD Program Manager), Becky Tuttle (Health Promotion Program Manager), Sonja Armbruster (Community Health Assessment Coordinator). |
| May 16, 2011 – Discussion of final product plans, internal and external documents, inclusion of division work plans, selection of strategic statements, review of program manager discussion | LG: Claudia Blackburn (Health Director), Pamela Martin (Preventive Health Division Director), Bill Farney (Administrative Services Director) , Adrienne Byrne Lutz (Children and Family Health Division Director), Roderick Harris (Center for Health Equity Director), and Shirley Orr (Health Protection and Promotion Director) co-facilitating with Barry Carroll. |
| June 2, 2011-- Strategic Planning Teams presented strategies and objectives | LG (see above) and J'Vonnah Maryman (Asst. Preventive Health Division Director), Curtis Kirkpatrick (Operations Manager), Lucretia Burch (Finance Manager), Pamaline King-Burns (Center for Health Equity Project Manager), Susan Wilson (Healthy Babies Program Director), Sandi Reichenberger (WIC Director), Stacy Blankenship (M&I Clinic Program Manager), Christy Hillard (Children's Dental Clinic Program Manager), Maihoa Nguyen (Family Planning Clinic Manager), Joab Barbosa ( Lab Manager), Jeff Anschutz (Customer Service Manager), Shane Coelho (Preventive Health Division), Preston Goering (TB Program Manager), Janice McCoy (Health Protection Program Manager), Jason Ybarra (STD Program Manager), Becky Tuttle (Health Promotion Program Manager), Sonja Armbruster (Community Health Assessment Coordinator). |
| June 16, 2011—Presentation of draft strategic priorities, objectives and activities | All SCHD Staff provided input through a facilitated process involving many rooms, post-it notes, and discussions. |
| June 20, 2011—Review feedback from all staff meeting | LG (updated): Claudia Blackburn (Health Director), Cindy Pollard, Pamela Martin (Preventive Health Division Director), Bill Farney (Administrative Services Director) , Adrienne Byrne Lutz(Health Protection and Promotion Director, Roderick Harris (Children and Family Health Division Director) |
| July 2011 | Independent teams met to determine initiatives, objectives, actions, and measures for each strategic statement. This involved some revision of strategic statements. |
| August 1, 2011—Strategic plan activities developed by teams were shared | LG and Becky Tuttle (Health Promotion Program Manager), Sonja Armbruster (Community Health Assessment Coordinator), Seth Konkel (Health Protection Program Manager), J'Vonnah Maryman (Asst. Preventive Health Division Director), Curtis Kirkpatrick (Operations Manager) |
| August 15, 2011—WePlanWell webinar to introduce new performance management and strategic plan monitoring software. | LG and Becky Tuttle (Health Promotion Program Manager), Sonja Armbruster (Community Health Assessment Coordinator), Seth Konkel (Health Protection Program Manager), J'Vonnah Maryman (Asst. Preventive Health Division Director), Curtis Kirkpatrick (Operations Manager) |
| September 12, 2011-- WePlanWell webinar on assessment. | LG and Becky Tuttle (Health Promotion Program Manager), Sonja Armbruster (Community Health Assessment Coordinator), Seth Konkel (Health Protection Program Manager), J'Vonnah Maryman (Asst. Preventive Health Division Director), Curtis Kirkpatrick (Operations Manager) |

The deliberations resulted in a number of documents charting the progress of the discussion including this consideration of the trends, events, or other factors influencing local public health.

**Community Forces**

| DRIVING | RESTRAINING |
|---|---|
| Community Need | Budget constraints |
|  Political Will | |
| National Standards (PHAB) | |
| Evidence-based practice >>>>>>>>> | Limited evidence available |
| Need for *Adaptive change | Grants process |
| Chasing the funding – can we minimize? | "Silos" in funding – restrictive requirements |
| Leverage existing community efforts | Nationwide ANGST Deficits Rule |
| | Government as enemy |
|  Technology – Social Media | |
| Technical Assistance<br>- many forms & partnerships | Boundaries of our<br>- minds<br>- perspectives<br>- experiences |
| Economy >>>>>>>>>>>>>> | Resistance to change/growth |
| | Constraints of HR policy (time, funding) |
| | Intrinsic value vs. extrinsic reward [generational ego's] |

## Strategic Framework

**Vision**: Healthy communities for healthy people.

**Mission:** To improve the health of Sedgwick County residents by preventing disease, promoting health and protecting the public from public health threats.

**Guiding Principles for Strategic Planning:**

- Accreditation
- Culture of Wellness
- Welcoming, caring environment / Excellent Customer Service
- Leadership in community around health issues (emphasis on policy)
- Demonstrate ROI (Return on Investment)
- Increase community capacity for medical/dental home

**Organizational Values:** Sedgwick County Government officially adopted organizational values which were revisited in the strategic planning process and are posted throughout the SCHD. These include:

- Accountability—accepting responsibility for our job performance, actions, behavior, and the resources entrusted to us.
- Commitment—individual and collective dedication of employees to their jobs and the organization in providing quality services to meet client/customer needs.
- Equal Opportunity—providing a work environment which is fair to all current and prospective employees through equal treatment in employee benefits, promotions, training, continuing education, and daily

responsibilities as well as fair and equitable access for all citizens and consumers of Sedgwick County services.

- Honesty—truthful, forthright interaction among employees, management, and the public – which fosters trust, integrity and a lasting working relationship.
- Open Communication—the honest exchange and processing of ideas and information with the public, co-workers, staff other departments, and administration.
- Professionalism—an individual promoting honesty, respect, pride, positive self image and team effort;p adhering to a high standard of ethical conduct, competence, and innovation; and who acknowledges criticism, accepts responsibility, and strives for occupational growth.
- Respect—consistently demonstrating a deep regard for the diversity, needs, feelings, and beliefs of all people, and acknowledging ideas and opinions of every employee, citizen and consumer.

## Strategic Priorities

Through a deliberative process of facilitated meetings that included all staff members in various capacities, the focus and priorities of the Health Department were refined to the following.

- **Lead Public Health Assessment and Policy Development**
  - Lead/Direct Community Public Health Assessments and Improvement Plans
  - Provide Guidance for Health Policy Development
  - Lead Community Engagement and Action around Community Health Issues
- **Protect the public from heath threats**
  - Investigate And Control Communicable Diseases
  - Prevent Communicable Diseases Through Immunizations
  - Prepare For Public Health Emergencies
- **Promote Healthy Behaviors**
  - Promote Healthy Birth Outcomes
  - Reduce Chronic Disease
  - Promote Health through Multiple Communications Strategies
- **Improve Access To Health Care Services**
  - Lead Collaboration among Community Health Clinics
  - Provide Preventive Health Services
  - Participate in the Wichita Health Information Exchange
- **Assure A High Performing Health Department**
  - Develop the Public Health Workforce
  - Manage Performance And Assure Continuous Quality Improvement
  - Administer Fiscal, Technology and Operations Support Functions

## Goals and Objectives

The plan is monitored through quarterly performance management meetings and by using an online plan tool called We Plan Well. The Plan is organized into five strategic priorities, each with three initiatives. These are measured by key performance measures which are intended to be big-picture and focused on meeting Healthy People 2020 standards or improving population health outcomes. Each initiative is supported by objectives, the measureable work staff lead. There are 73 objectives measures.

***Mission Driven***

| *Strategic Priorities* |
|---|
| 1 Lead Public Health Assessment and Policy Development: Achieve effective public health policies and interventions through collection, analysis and the use of the most current population health data. |

| *Initiative* | *Key Performance Measures* |
|---|---|
| 1.1 Lead/Direct Community Public Health Assessments and Improvement Plans:<br><br>Relates to PHAB standards:<br>1.1.1 T/L Participate in or conduct a Tribal/local partnership for the development of a comprehensive community health assessment of the population served by the health department<br>1.1.2 T/L Complete a Tribal/local community health assessment<br>1.1.3 A Ensure that the community health assessment is accessible to agencies, organizations, and the general public<br>1.3.2 L Provide public health data to the community in the form of reports on a variety of public health issues, at least annually | • Annual plan for community health assessments is developed including a Gantt Chart planning document and charter, and the plans are shared with SCHD leadership and appropriate partners.<br>• Community Health Improvement Plan published to SCHD website. |

| *Objective* |
|---|
| 1.1.1 Community Health Improvement Plan: The Community Health Improvement Plan will actively engage community health partners to take action on community health priorities as evidenced by Visioneering Health Alliance meetings and actions reported through that process. (PHAB 1.1.2, 4.1) (Quarterly Measure)<br>Exceeding: Meeting plus meeting minutes and local media document actions taken related to the priorities.<br>Meeting: Visioneering Health Alliance meets 10 of potential 12 meetings (monthly) with diverse stakeholders, advanced agendas, and completed minutes.<br>Caution: Meetings are regularly canceled due to lack of interest, or anything short of "meeting". |
| *Objective* |
| 1.1.2 Databook, Community Health Status Assessment: Databooks will be created at least bi-annually to provide completed community health profile data. This activity includes data collection, review with state and local partners, narrative analysis development, graphic design work, communications planning, and community presentations. (PHAB 1)<br>Exceeding: Meeting plus a communication plan is executed that raises awareness about community health data quarterly in a way that supports community health improvement in a meaningful way.<br>Meeting: The Data Book is completed, appropriate partners are engaged and the book meets the criteria described in the PHAB standards listed below.<br>Caution: Book is published less than every two years or falls short of the rigorous PHAB standards. |

*Objective*
1.1.3 Health Issue Briefs:
The Office of Community Health Assessment staff will lead the completion of two health issue briefs annually and document sharing that information with key stakeholders. Notes will document action each quarter.
PHAB 1.2.3
**Exceeds**: Meeting plus additional issue briefs are developed and communicated to the community.
**Meets**: Two issue briefs that meet PHAB standards are researched, designed and shared with the community in a way that is clearly documented.
**Caution**: If there is no documentation of brief completion or communication actions during any quarter.

*Objective*
1.1.4 Fetal Infant Mortality Review Annual Report: The Fetal Infant Mortality Review project manager will create an annual report of all FIMR activities and data to be posted on the web by July 31st each year. (PHAB: 1.2.3, 1.2.4)
Exceeding: Meeting plus a robust communication plan is completed and documented to assure that divers stakeholders have received the plan.
Meeting: Report complete and posted on the web by December 31st.
Caution: Delays in reporting or weakness in report.

*Objective*
1.1.5 Research-- Communication of Findings: At least twice annually, the Health Department will convey research findings to stakeholders, other health departments, members of the public health system and non public health system partners, and/or the public. Documentation could include: a presentation, prepared report, discussion at a meeting recorded in the minutes, web posting, email list serve, newspaper article, webinar, or press release.
Exceeding = > than two findings annually; Meeting = 2 findings annually shared in a variety of ways; Caution, less then meeting

*Objective*
1.1.6 CFH: Oral Health Screening: Annually provide 17,000 oral visual screenings in Sedgwick County schools.
Exceeding: Anything above meeting
Meeting: Q1= 4000 - 5000; Q2= N/A; Q3= 2600 - 3000; Q4= 7400 - 9000
Caution: anything below meeting lower number

| *Initiative* | *Key Performance Measures* |
|---|---|
| 1.2 Provide Guidance for Health Policy Development: SCHD directors and programs will utilize data and science-based strategies to drive governmental and non-governmental public health policies as evidenced by an annual policy report.<br>PHAB 4.2.1 A Engage with the community about policies and/or strategies that will promote the public's health | • Completion of an Annual Policy Report—Audience: BOCC and Community leaders. |

*Objective*
1.2.1 Create Legislative Platform:
OCHA staff will work with leaders from KALHD, KPHA, KDHE, TFKC, Kansas Action for Children and other partners interested in legislative activities to be aware of new health policy proposals at the state level to create an **annual** SCHD legislative agenda as evidence by communication with the SC Government Relations Director.
Exceeding: Meeting plus documentation of consultation with leading public health partners.
Meeting: Annual revisions are provided on time to the SC Government Relations Director.
Caution: SCHD fails to meet internal County deadlines for platform development.
PHAB Standard 5.1.1

*Objective*
1.2.2 Create Useful and Timely Reports During Legislative Session:

OCHA staff will provide updates to director and County Government Relations about health related bills, at least every two weeks during the legislative session.
Exceeding: Meeting plus just-in-time updates via email on pressing issues.
Meeting: Completed SCHD Legislative Updates at least every two weeks during the session.
Caution: Incomplete or less frequent updates. (PHAB 5.1.1)

*Objective*
1.2.3 Contribute to Policy Deliberations:

SCHD director and staff will contribute to deliberations concerning public health policy as evidence by issue briefs, media statements, talking points, fact sheets, or by providing official department public testimony.
Exceeding: More than two examples.
Meeting: Two examples of formal contributions annually.
Caution: Less than two. (PHAB 5.1.2 )

| *Initiative* | *Key Performance Measures* |
|---|---|
| 1.3 Lead Community Engagement and Action around Community Health Issues:<br><br>PHAB 4.1.1 A Establish and/or actively participate in partnerships and/or coalitions to address specific public health issues or populations | • Agendas and minutes are archived monthly and demonstrate active SCHD support for action toward public health goals.<br>• By December 31, 2013, six community health coalitions that the Health Department has involvement in will have completed an annual coalition effectiveness evaluation. (Progress tracked quarterly.) |

*Objective*
1.3.1 Community Health Coalitions:
Develop a database of community health coalitions the Health Department has involvement in and develop an instrument to evaluate effectiveness. (Kim Neufeld)
Exceeding: Meeting plus coalitions receive evaluation results in a standardized report within one month of completion of evaluation. Meeting: Project manager identified, charter completed, SharePoint database developed, and coalition evaluation tool finalized by third quarter 2012. After that time, quarterly monitoring and maintenance of database and coalition evaluation results reporting. Caution: anything short of meeting

*Objective*
1.3.2 Fetal Infant Mortality Review, Project Imprint CRT: The Case Review Team will meet monthly to review abstracted cases and make recommendations for systems improvement- as evidenced by meeting announcements, agendas, minutes, and abstracted charts.
Exceeding: Meeting, plus documented action is taken by Community action Teams based on CRT recommendations.
Meeting: 10 of 12 possible monthly meetings are documented with agendas, prepared case reviews and meeting minutes annually. Caution: Anything short of meeting. (PHAB: 4.1)

*Objective*
1.3.3 Project Imprint: Community Action Team: Community Action Team Task Forces will be created based on recommendations from the Case Review Team, and the CATs will complete written action plans.
Exceeding: At least one plan has documented action based on the plan. Meeting: Annually, two action teams complete written plans. Caution: Less than two written plans are completed.

*Objective*
1.3.4 Social Determinants of Health:
Annually, engage 400 Sedgwick County community residents in meaningful dialogue about identifying social determinants of health, their impact on population health outcomes, and addressing policies that drive those SDHs. (2011 Baseline: 18 mtgs.; 338 participants) PHAB 4.2

Survey ratings and comments section will be evaluated and reported quarterly to Community Health Assessment Coordinator.
Quarterly Measures
*Exceeding*: Meets plus evaluations are tracked and analyzed in a database to inform additional work. M*eeting*: 2-5 Community viewings and discussions, 50-150 participants. *Caution*: Less than two or more than five presentations

*Strategic Priorities*
2 Protect the Public from Health Threats: Prevent and control the spread of infectious disease and minimize loss of life and suffering from public health emergencies.

| *Initiative* | *Key Performance Measures* |
|---|---|
| 2.1 Investigate And Control Communicable Diseases:<br><br>Relates to PHAB 1.2.1 A and PHAB 2.1 | • Maintain a TB case rate lower than the US Rate (Baseline 2010 US=3.6/100,000; SG 2.6/100,000.<br>• Reduce the STD Rate in Sedgwick County as reported by County Health Rankings: The Sexually Transmitted Infection (STI) rate is measured as Chlamydia incidence (the number of new cases reported) per 100,000 population. 2012 report = 559/100,000. (KS rate - 375)<br>• By 2014 interview > 20% of all reportable STDs in the private sector; 95% of all reportable STDs at the SCHD. Baseline 526 interviews total recorded in 2010.<br>• 90% of all newly diagnosed HIV/AIDS clients are referred to HIV/AIDS related care by 2014 |

*Objective*
2.1.1 Epidemiology and Surveillance Report :
Produce a weekly Epidemiology and Surveillance report to share with community health partners by Thursday of each week which describes, at a minimum, the current level of disease investigations, outbreaks and surveillance data as evidence by archived reports available on Constant Contact's website.
*To be measured quarterly against these annual targets:*
Exceed – 48 or more Meeting – 45-47 Caution – 44 or less
Relates to PHAB 1.2.1, 1.2.2: Documentation 4

*Objective*
2.1.2 Epidemiology and Surveillance Conference Call : Host a bi-monthly Epidemiology and Surveillance conference call with community partners about current level of disease investigations, outbreaks and surveillance data as evidence by meeting agendas available on SharePoint.
*To be measured quarterly against these annual targets:* Exceed – 24-26; Meeting – 21-23; Caution - <20
PHAB: 1.2.2: Documentation 2

*Objective*
2.1.3 TB Case Management: Assure that 95% of all active TB (tuberculosis) cases that are reported in Sedgwick County have started and completed therapy within the period specified by the physician managing their care.
Caution < 80% ; Meeting 80-90% ; Exceeding >90%
PHAB 2.1

*Objective*
2.1.4 TB Contact Investigations: Contact investigations are completed for 90% of all active TB (tuberculosis) cases reported in Sedgwick County within 6 months in which a contact investigation is indicated.
Caution< 80% ; Meeting 80-90% ; Exceeding >90% (PHAB 2.1)

*Objective*

2.1.5 High Risk Latent TB: Assure 85% of all latent TB (tuberculosis) infection cases reported in Sedgwick County who consent to begin treatment complete therapy within one year. Completion of therapy for LTBI is considered at least 6 months of pill pickups within a year with lapses of no longer than three months.
Caution < 60% ; Meeting 60-75% ; Exceeding >75% (PHAB 2.1)

*Objective*
2.1.6 STD Investigations, Testing, Treatment & Control: For each quarter in 2012, DIS staff will meet all KDHE grant objectives relating to STD investigations, testing, treatment and control in accordance with each specific disease criteria for the purpose of mitigating the spread of communicable diseases.

Exceeding: >10 of the combined grant objectives each quarter.
Meeting: 9-10 Meeting minimum expectations set by DIS grants for the 12 grant objectives.
Caution: 8 or fewer grant objectives are being met.

*Objective*
2.1.7 STD Investigations--positive patient interviews:

Exceeding: >80% of positive patients interviewed within 5 Days of initiation.
Meeting: 75-80% of positive patients interviewed within 5 days of initiation.
Caution: <75% of positive patients interviewed within 5 days of initiation.

The requirements for required timeliness of interviews changes from time to time, sometimes as little as three days. Also there are differences for various STD required expectations. Quarterly notes will reflect the department's compliance with current regulations and the actual numerator and denominator.
2010 Baseline = 75% interviewed within 5 days

*Objective*
2.1.8 STD Contacts per Case: STD DIS will follow up with case contacts per KDHE guidelines:

Exceeding: > 2.0 contacts initiated per case investigated.
Meeting: 1.0 – 2.0 contacts initiated per case investigated.
Caution: < .99 contacts initiated per case investigated.

2010 Baseline =2.0 contacts per case; Quarterly notes will reflect the department's compliance with current regulations and the actual numerator and denominator.

*Objective*
2.1.9 STD Contacts Initiated Testing/Treatment:

Exceeding: >85% of contacts initiated will be contacted, examined and/or treated within 5 days.
Meeting: 75-85% of contacts initiated will be contacted, examined and/or treated within 5 days
Caution: <75% of contacts initiated will be contacted, examined and/or treated within 5 days.

2010 Baseline = 80% contacts within 5 days

*Objective*
2.1.9 STD Contacts Initiated Testing/Treatment:
Exceeding: >85% of contacts initiated will be contacted, examined and/or treated within 5 days.
Meeting: 75-85% of contacts initiated will be contacted, examined and/or treated within 5 days.
Caution: <75% of contacts initiated will be contacted, examined and/or treated within 5 days.
2010 Baseline = 80% contacts within 5 days

| *Initiative* | *Key Performance Measures* |
|---|---|
| 2.2 Prevent Communicable Diseases Through Immunizations | • HP2020 Goal 80% of Sedgwick County children aged 19 to 35 months will receive the recommended doses of DTaP(4), polio(3), MMR(1), Hib(3), hepatitis B(3), varicella(1) and PCV(4) vaccines (Baseline 69%)<br><br>Sedgwick County Baseline: KDHE RIS 2011 4-3-1-3-3 = 72% |

*Objective*
2.2.1 Immunizations--children in SCHD clinic vaccinated by age 2:
Increase by 2% annually the number children who receive the recommended 4-3-1-3-3-1-4 series of vaccines by age 2. (Baseline 2011 = 50%)
Exceeding >55%; Meeting 50 – 55% ; Caution <50%
Measured Quarterly (notes to include numerator and denominator)

*Objective*
2.2.2 Provide 5 new school located vaccination clinics annually. : Measured annually.
Exceeding > 5 ; Meeting = 5 Caution < 3; Notes to indicate addition repeated SLVCs for quarterly updates.

*Objective*
2.2.3 Vaccinate at least 500 uninsured residents annually with flu vaccine.: Measured annually Exceeding >500; Meeting = 500; Caution <400

*Objective*
2.2.4 Immunization--Provider Education: Assure progress towards eliminating vaccine preventable diseases by providing education to immunization providers on ACIP immunization recommendations, the VFC program and KS WebIZ.
Exceeds= >7 Meet= 6-7 Caution= <6
(Conducting and/or facilitating at least one educational presentation annually for school nurses and/or juvenile correctional facility staff. Provide or assist in the provision of educational presentations to at least two immunization providers quarterly either scheduled by the Hd or through MOBI KS)

| *Initiative* | *Key Performance Measures* |
|---|---|
| 2.3 Prepare For Public Health Emergencies | • Achieve Project Public Health Ready status by December 2014.<br>• Annually, achieve a score of 90 or better on the Strategic National Stockpile Technical Assistance Review. Baseline 2011: 92. |

*Objective*
2.3.1 PHIPR--Exercise Improvement Plan: To be prepared to respond in a timely and effective manner to Health Emergencies, PHIPR staff will complete all items listed on an exercise improvement plan are completed within six months of the exercise date as evidence by Improvement Plan Tracking Sheet found on SharePoint. (PHAB: 2.2.3: Documentation 3) *To be measured quarterly*
Exceed 0-2 items six months or older thus meaning the items completed were incorporated into rewritten plans or the problem was addressed
Meeting – 3-5 items six months or older thus meaning the items completed were incorporated into rewritten plans or the problem was addressed
Caution - >5 items six months or older thus meaning the items completed were incorporated into rewritten plans or the problem was addressed

*Objective*
2.3.2 MRC Program--fully deployable members: MRC Program: By December 31, 2014, SCHD will increase the number of fully deployable MRC members to 200. (PHAB 2.3.3) *To be measured quarterly against these annual goals:*
Exceed – >200 ; Meeting – 190-200; Caution - <180

*Strategic Priorities*
3 Promote Healthy Behaviors: Provide health education and health promotion policies, programs and processes and interventions to support prevention and wellness

| *Initiative* | *Key Performance Measures* |
|---|---|
| 3.1 Promote Healthy Birth and Infancy | • By December 31, 2014, decrease the percentage of SC babies who are Low Birth Weight from 8.0% (2009) to 7.2% (the 2009 KS percentage). The Healthy People 2020 Goal is 5%.<br>• By December 31, 2014, decrease the IMR 7.4/1,000 (2010) to 6.1/1000 (The US rate in 2010) The Healthy People 2020 Goal is 4.5/1,000.<br>• Number of County worksites that have adopted breastfeeding policies. |

*Objective*
3.1.1 WIC: breastfeeding initiation: Increase the percent of WIC client infants who receive breast milk (initiation): Increase breastfeeding initiation rates in SG WIC program from 66% in 2011 to 71% in 2015. (2010 CDC data shows 75% of US women initiate breastfeeding; HP 2020 goal 81.9%)
Quarterly: Exceeding:>71%; Meeting: 66%-71%; Caution: <66%

*Objective*
3.1.2 HB: Encounters: The Healthy Babies program will maintain the total number of encounters for group education, individual visits, topic-of-the-month classes, consortium attendees, BFBH, and additional wellness initiatives. (excludes HTHT)
Baseline 2011: 7,578
Annual Range: Exceeding:>meeting, Meeting: 7,199-7957 (5% variance from baseline); Caution <meeting
Quarterly Range: Exceeding:>meeting, Meeting: 1,780 - 1,989 (5% variance from baseline); Caution <meeting

*Objective*
3.1.3 HB: Be Fit Be Healthy: By 12-31-12, Healthy Babies will hold at least three prenatal fitness classes-- which meet twice a week for eight weeks-- and a minimum of six clients will participate in each class. (New, no baseline)
Exceeding: >45 classes or > averaging 6 participants each time
Meeting: 45 classes with at least averaging 6 participants attending each time
Caution: anything less than meeting

*Objective*
3.1.4 HB: Healthy Today, Healthy Tomorrow : Annually, Healthy Babies will expand one or more components of our Healthy Today, Healthy Tomorrow education.
Annual -- Exceeding: more than meeting; Meeting: Provide a total of 5436-6008 (5% variance from baseline) encounters via presentations to at least 14 middle or high schools through work with at least two school districts. (Baseline 2011 school year one school district, 5 middle schools and 7 high schools and 5722 encounters.); Caution: less than meeting
Quarterly notes will reflect that these data will be based on a school year, not annual years.

| *Initiative* | *Key Performance Measures* |
|---|---|
| 3.2 Reduce Chronic Disease | • By December 31, 2014, decrease the percentage of SC adults who smoke cigarettes from 19.8% (2010 BRFSS data) to 17.8% (aiming for a two percent decrease). The Healthy People 2020 Goal is 12%.<br>• By December 31, 2014, to maintain or reduce the current SC adult obesity rate of 27.6% (2010 BRFSS data). The Healthy People 2020 goal is 30.6% (exceeded already) or a ten percent improvement. |

*Objective*
3.2.1 HP: Worksite Wellness Policy: Worksites receiving technical assistance from SCHD will adopt at least one additional component of a comprehensive worksite wellness program (WELCOA). Worksite baseline data assessed by the SCHD Wellness Instrument and benchmarks for improvement assess by the Health Promotion Staff. (PHAB 3.1.1, 3.1.2) (Baseline: 31 worksites in 2011) To be measured quarterly:
Exceeding: >85%; Meeting: 75% - 85%; Caution: <75%

*Objective*
3.2.2 HP: Worksite Wellness: By December 31, 2014, provide technical assistance to worksites towards developing a comprehensive program. (Baseline: 35 worksites in 2011) (PHAB: 3.1.1, 3.1.2, 3.2.1) To be measured quarterly against these annual targets:
Exceeding: 32 or more worksites in 2012, 34 or more in 2013 and 36 or more in 2014
Meeting: 28 – 31 worksites in 2012, 29-33 worksites in 2013 and 31-35 in 2014
Caution: less than 28 worksites in 2012, less than 29 in 2013, and less than 31 in 2014

*Objective*
3.2.3 HP: Walk at Work: By December 31, 2014, annually increase the number of worksites that participate in Walk at Work by 10%. (Baseline: 96 worksites in 2011) *To be measured annually in Quarter 2.*
Exceeding: 106 or more worksites participating in 2012, 116 or more in 2013, and 127 or more in 2014
Meeting: 100 – 105 worksites participating in 2012, 110 – 115 in 2013, and 121 – 126 in 2014
Caution: less than 100 worksites participating in 2012, less than 110 in 2013, and less than 121 in 2014

*Objective*
3.2.4 HP: Oral Health Education: By December 31, 2014, maintain the number of children who receive oral health education. (Baseline: 3,567 children in 2011) (PHAB 3.1.1.A ) To be measured quarterly against these annual targets:
Exceeding – Providing education in more that 80% of the six targeted schools based on decay rates.
Meeting – Providing education in at least 60% (4 or more out of the 6 schools) of the six targeted schools based on decay rates.
Caution – Providing education in less than half of the six targeted schools based on decay rates.

*Objective*
3.2.5 HP: Community-based Walking Program: By December 31, 2014, annually increase by 10% the number of schools and families who participate in community based walking programs as measured by Walktober participation. (PHAB 3.1.2.A. ) (Baseline: 13 schools and 101 families in 2011) To be measured annually in Quarter 4.
Exceeding: 15 or more schools and 111 or more families in 2012, 17 or more schools and 122 or more families in 2013, 19 or more schools and 134 or more families in 2014
Meeting: 13 – 14 schools and 101 – 110 families, 15-16 schools and 112- 121 families in 2013, and 17-18 schools and 124-133 families in 2014
Caution: less than 13 schools and 110 families in 2012, less than 15 schools and 112 families in 2013 and less than 17 schools and 134 families in 2014

*Objective*
3.2.6 HP: Quitline: Through the education of healthcare providers to promote referrals to the Quitline, by December 31, 2014, annually increase the number of callers to the Quitline by 10%. (Baseline: 614 calls from Sedgwick County residents in 2011, 39 from pregnant women) (PHAB 3.1.1.A.)
Notes for this measure will track information about education of healthcare providers and note the number of callers who are pregnant--a specially targeted population. To be measured quarterly against these annual targets:
Exceeding: > 675; Meeting: 614 - 675; Caution: < 614

*Objective*
3.2.7 HP: multi-unit housing smoke-free policies: By December 31, 2014, annually increase by 10% the number of multi-unit family dwellings in Sedgwick County will have smoke-free policies. (Baseline: 234 apartment complexes and 3 are smokefree in 2011) (PHAB 3.1.1.A.) To be measured quarterly against these annual targets:
Exceeding: 5 or more complexes will be smokefree by 2012, 6 or more in 2013, and 7 or more in 2014

Meeting: 4 complexes will be smokefree by 2012, 5 by 2013, and 6 by 2014
Caution: less than 4 complexes will be smokefree by 2012, less than 5 in 2013, and less than 6 in 2014.

*Objective*
3.2.8 WIC: Provide nutrition education and healthy food checks for all WIC clients: Nutrition Education encounters provided by SG WIC (Quarterly data)
Exceeds = > 22,000 Meets = 21,001 – 22,000 Caution = < 21,000
*2011 Baseline -- monthly encounter counts in 2011 ranged from 7,100 to 8,000*

*Objective*
3.2.9 WIC: BMI for children 2 to 5: By December 31, 2014, the percentage of SC WIC children ages 2 to 5 with a BMI at or above the 85th percentile will be reduced to 14%. The baseline is 15.5% (2011).
Exceeding: Above "meeting"
Meeting: The percentage of SC WIC children ages 2 to 5 with a BMI at or above the 85th percentile ranges from 12.0% to 16.9%
Caution: Below "meeting"

| *Initiative* | *Key Performance Measures* |
|---|---|
| 3.3 Promote Health through Multiple Communications Strategies | |

*Objective*
3.3.1 Communications Planning: Annually, all Programs within the SCHD will have developed annual Communication Plans to outline program activities and need for County Communications assistance. PHAB 3.2.3.A.
Exceeding: Quarterly, communications activities are evaluated to determine effectiveness of communications strategies (ie: press release results in media coverage, etc.). Evaluation results are shared with leadership or all staff.
Meeting:
Quarter 1 – A communications planning meeting is held to review plans by the performance management team.
Quarter 2—The plan is monitored as evidenced updated gantt charts shared with the whole performance management team.
Quarter 3 – The plan is monitored as evidenced updated gantt charts shared with the whole performance management team
Quarter 4—All programs complete annual communications plans by December 15th each year.
Caution: Anything less than meeting

*Objective*
3.3.2 Annual Reports: Annual Reports will be developed on an annual basis to report and highlight SCHD programs and accomplishments.
Exceeding: The process is evaluated and all participants are satisfied with the process. (PHAB 3.2.1.A. and 3.2.2.A.)
Meeting:
Quarter 1 – Deadlines in plan are met, all meet their responsibilities for sharing information, and AR is designed.
Quarter 2—AR is distributed to community agencies, leaders, and partners as planned on the Communications Plan.
Quarter 3 – No action
Quarter 4—A plan with timelines is completed and a support committee drafted as evidenced by gantt chart.
Caution: Anything less

*Objective*
3.3.3 Social Media: The SCHD will develop a process for using social media to increase client engagement, especially related to health messaging, scheduling appointments/reminders/etc. (PHAB 3.2.4.A.)
Exceeding: TBD—related to evaluation of the implemented plan.
Meeting: A plan is developed and tested by June 2013.
Caution: A plan is not developed or tested.

*Objective*
3.3.4 Promoting Public Health: The SCHD will increase awareness about the role and value of public health. (PHAB 3.2.1.A)
Exceeding: Meeting plus publication documenting activity in at least two media outlets.
Meeting:
**Quarter One**: Documentation of planning and evaluation.
**Quarter Two**: Maintain annual National Public Health Week Proclamation and awarding of the Doren Fredrickson award, and at least one activity.
**Quarter Three**: Documentation of planning and evaluation.
**Quarter Four:** Strategically awarding community partners with the National Public Health Thank You Day award, press release, and proclamation.
Caution: NPHW or NPHTD events not completed as planned.

*Strategic Priorities*
4 Access to Health Care Services: Promote strategies to improve access to health care services.

| *Initiative* | *Key Performance Measures* |
|---|---|
| 4.1 Collaborate with Community Partners to Improve Access to Health Care | • Coalition meeting minutes<br>• CHIP progress reports<br>• Reported findings from health access-related surveys disseminated by SCHD<br>• Up-to-date CCHC directory on the SCHD website<br>• Directory of VFC participating physicians<br>• Evaluation forms from SCHD trainings/presentations to community residents |

*Objective*
4.1.1 Coalition of Community Health Clinics--legislative agenda: By January 30, each year, the SCHD will collaborate with the Coalition for Community Health Clinics to develop one joint legislative agenda. (PHAB 7.1.1)
Caution: Missed deadline. Inadequate SCHD participation (attended less than half of the planning meetings).
Meeting: Deadline is met. A formal written legislative agenda is created. SCHD has been involved in majority of the planning conversations.
Exceeding: SCHD has authored some (or all) of the legislative agenda document. An SCHD representative presents a portion (or all) of the legislative agenda to State Legislators.

*Objective*
4.1.2 Convene Community Coalition of Health Clinics: The SCHD will convene and facilitate 9 CCHC meetings during each calendar year. (PHAB 7.1.1) Quarterly Measures
Caution: Less than two CCHC meetings are conducted within a quarter.
Meeting: At least two meeting are conducted each quarter with agendas and minutes.
Exceeding: Three meetings are conducted during each quarter or more than 9 meetings are conducted within each calendar year.

*Objective*
4.1.3 Community Health Navigators: Annually, Community Health Navigators (volunteers) and HD CHN Program Manager will reach 1,800 individuals with *Access to Affordable health care* information and materials. (2009 Baseline: 1,731). Monthly outreach reports to be made to the Community Health Assessment Coordinator. (PHAB 7.2.2).
Exceeding: >1,900 or more; Meeting: 1,700-1900; Caution: less than 1,700

*Objective*
4.1.4 CHN: Navigator Recruitment: The CHN Program Manager will recruit 4 additional CHNs each quarter and maintain a

minimum core of 12 active navigators through a variety of means including the quarterly newsletter, trainings and interpersonal communication. (Baseline 2012 = 12 navigators and 2011, 2 newsletters)

Exceeding: Meeting plus completing a QI project related to the CHN program and navigator recruitment.

Meeting: At least 12 navigators have been active in the last six months, four new navigators have been trained, and the newsletter has been designed and distributed each quarter.

Caution: Anything less than meeting

| *Initiative* | *Key Performance Measures* |
|---|---|
| 4.2 Provide Preventive Health Services | • Increase the percentage of Sedgwick County women age 40 and over who have received a mammogram in the last two years. BRFSS 2010: 78.4%. Healthy People 2020 goal is 81.1% of women ages 50-74.<br><br>Reduce the proportion of females aged 15 to 24 years attending family planning clinic who test positive for Chlamydia.<br>HP2020 Baseline: 7.4% of females aged 15 to 24 years who attended FP clinic in the past 12 months tested positive for Chlamydia trachomatis infections; HP2020 Target: 6.7%<br>Sedgwick County Health Department Baseline: 2011 (numerator is number of positive CTA/number of total CTA tests in FP clinic<br>Reduce gonorrhea rates among females aged 15 to 44 years<br>HP2020 Baseline: 285 new cases of gonorrhea per 100,000 females aged 15 to 44 years HP2020 Target: 257 new cases per 100,000 population<br>Sedgwick County Rate 2011: |

*Objective*

4.2.1 PHD: EDW: To maintain the number of uninsured SC women aged 40 to 64 who receive breast and cervical cancer screenings by the EDW program. Baseline 2011: 611.

Exceeding: >250 ; Meeting: 200-250; Caution: <200

*Objective*

4.2.2 PHD: Refer all the positive pregnancy test to a medical home : Refer all the positive pregnancy test to a medical home for prenatal care, measured quarterly (PHAB 7.2.2) (quarterly notes will provide numerator and denominator)

Caution: < 90%; Meeting: 90-94%; Exceeding: 95-100%

*Objective*

4.2.3 PHD: preconception counseling : Provide preconception counseling to men and women age 21 and below, measured quarterly (notes to provide numerator and denominator)

Caution: < 90%; Meeting: 90-94%; Exceeding: 95-100%

*Objective*

4.2.4 PHD: postpartum preconception counseling : Provide preconception counseling to women who are up to one year postpartum

Caution: < 90%; Meeting: 90-94%; Exceeding: 95-100%

*Objective*

4.2.5 PHD: Timeliness of treatment for STD Clients: All positive STD patients will be treated within 14 days of screening.

**Baseline 2011:** 61%

Exceeding >75% Meeting 65%-75% Caution <65%

Quarterly measures will reflect numerators and denominators.

| |
|---|
| Measurement: #s of positive GC/CT test treated within 14 days/ Total #s of positive GC/CT tests *100 |
| *Objective*<br>4.2.6 CFD: Children's Dental Clinic Encounters: Annually, provide dental services to 550 uninsured low-income children and adolescents living in Sedgwick County.<br>Exceeding: Anything above meeting<br>Meeting Q1= 145-175 ; Q2= 145-175; Q3= 90-115 ; Q4= 65-85<br>Caution: anything below meeting lower number |
| *Objective*<br>4.2.7 PHD: Maintain Clinical Laboratory Improvement Act (CLIA) certified Lab.: Maintain CLIA certification for the lab. The SCHD lab is CLIA certified through December 2012.<br>Maintain 80% proficiency for all testing types as evidenced by the external proficiency test administered by The American Association of Bioanalysts — three times per year.<br>Exceeding >90%; Meeting >80% <90%; Caution <80<br>PHAB 2.3.2A |

| *Initiative* | *Key Performance Measures* |
|---|---|
| 4.3 Participate in the Wichita Health Information Exchange: Participate fully in the Wichita Health Information Exchange through development of a partnership with the Medical Society of Sedgwick County (MSSC), Wichita Health Information Exchange, (WHIE), and the Kansas Health Information Network (KHIN). | • By June of 2013, SCHD will be participating in the WHIE as evidenced by continuity of care reports from the WHIE. |
| *Objective*<br>4.3.1 Develop and implement a SCHD Health Information Exchange (HIE) Plan of Action: The SCHD will develop a comprehensive WHIE plan of action with assigned project deadlines and definitions for "participation". (PHAB: 7.1.1)<br>Exceeding: The plan would be implemented ahead of schedule and live participation by December 2012.<br>Meeting: SCHD WHIE Plan in place by June 30, 2012 and achieving milestones as illustrated in the plan.<br>Caution: More than two critical milestones are missed and project encounters delays. | |
| *Objective*<br>4.3.2 Transition the SCHD to an Electronic Medical Record (EMR)/Electronic Health Record (EHR): The SCHD will develop a plan for implementing an Electronic Medical Record (EMR)/Electronic Health Record (EHR) by September 2012 and implement as timeline in plan states.<br>Exceeding: The plan would be implemented ahead of schedule and EMR is place by December 2012.<br>Meeting: SCHD EMR Plan in place by September 30, 2012 and achieving milestones as illustrated in the plan.<br>Caution: More than two critical milestones are missed and project encounters delays. *(PHAB: 7.1.1 PHAB: 11.1.6)* | |

| *Strategic Priorities* |
|---|
| 5 Assure a High Performing Health Department: Develop and maintain an operational Infrastructure to support the performance of public health functions. |

| *Initiative* | *Key Performance Measures* |
|---|---|
| 5.1 Develop the Public Health Workforce:<br>PHAB 8.2 Assess Staff Competencies and Address Gaps by Enabling Organizational and Individual Training | • Workforce Development Plan and Policy is implemented and reviewed annually.<br>• Workforce satisfaction and competency surveys are completed annually.<br>• Number of staff meeting the preparedness training |

| | |
|---|---|
| | requirements exceeds minimum standard as set by BT grant requirements. |

*Objective*
5.1.1 Workforce Development Plan: By December 31, 2012, develop and monitor a workforce development plan that meets PHAB accreditation requirements PHAB 8.2.2. (Baseline: This plan will be created in 2012) (PHAB: 8.2.1)
First Quarter
*Exceeding*: Meeting standards met, plus WFD TrainingRegister® team assembled and trained in the use of TrainingRegister® training, Approval from LG; *Meeting*: WFD team assembled and meeting, WFD plan written *Caution*: anything less than *Meeting* standards
Second Quarter: *Exceeding*: Health Department's catalog of classes developed by WFD TrainingRegister® team, uploaded to the Register, and approval from LG; *Meeting:* WFD team assembled and meeting, development of the Health Department's catalog of classes on TrainingRegister® completed.; *Caution*: anything less than *Meeting* standards
Third Quarter
*Exceeding*: Evaluation of test pilot group completed and shared with leadership group. *Meeting*: Develop training for all staff and test the TrainingRegister® with a pilot program. Caution: anything less than *Meeting* standards
Fourth Quarter
*Exceeding*: Meeting standards met, plus WFD TrainingRegister® team assembled and trained in the use of TrainingRegister®, Approval from LG *Meeting*: WFD team assembled and meeting, core competency assessment completed, Train SCHD staff about TrainingRegister® new plans in place *Caution*: anything less than *Meeting* standards

*Objective*
5.1.2 Interns: Training the future Public Health and Health Care Workforce: SCHD will sponsoring interns for the purpose of further educating and enriching the experiences of our future public health and health care workforce. (Baseline 2011: TBD)
Annually
*Exceeding:* Meeting, plus Pre-Post student evaluations are analyzed and show students improve their understanding of the Core Public Health Competencies
*Meeting:* 2012 total number of students and total hours served exceeds 2011 baseline by 5%.
*Caution:* Work with intern(s) not properly documented.
PHAB: 8.1.1

*Objective*
5.1.3 Student Observers: Training the future Public Health and Health Care Workforce: SCHD will host student observers including medical residents, dieticians, and dental hygiene students for the purpose of further educating and enriching the experiences of our future public health and health care workforce.

Quarterly reported toward these annual goals:
*Exceeding:* Meeting plus an evaluation of student experiences or a QI project is conducted.
*Meeting:* Staff will document student hours, schools, and purpose and an annual report of student experiences will be completed.
*Caution:* Anything less than meeting.
PHAB 8.1.1

*Objective*
5.1.4 Culture of Wellness at the SCHD: SCHD will have an employee wellness committee which meets monthly to develop action plans which comply with the public health evidence-base to engage employees in their own wellness to create a supportive environment for health.
Quarterly:

Exceeding: Additional actions (more than four per year) are documented and at least one action plan is led by staff from programs other than HP.
Meeting: Committee meets at least twice as evidenced by minutes. One policy or action plan is implemented and evaluated.
Caution: Less than meeting

| *Initiative* | *Key Performance Measures* |
|---|---|
| 5.2 Manage Performance And Assure Continuous Quality Improvement:<br>PHAB 9.2 Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, | |

*Objective*

5.2.1 QI Training: As described in the SCHD QI Plan: 100% of new SCHD staff will complete the "Intro to QI" component of New Employee Orientation within three months of hire; 95% of all employees will complete "Introduction to QI Principles and Tools Training" (or other formal, approved training offered by SCHD) at least every three years.

Exceeding: Meeting, plus at least five different Q-Team members are able to facilitate the "Intro to QI Principles and Tools" training.

Meeting: The goals outlined above are met or exceeded.

Caution: Anything short of meeting one or more of the three goals above.

PHAB 9.2.2

*Objective*

5.2.2 QI Project Completion: All Programs have completed at least one fully documented QI project annually, measured quarterly.

Exceeding: Meeting, plus at least five projects with more than one linked improvement cycle.

Meeting: Quality coordinator facilitates at least five projects quarterly and quarterly counts of QI projects are on target for at least 95% of all programs to complete a project annually.

Caution: Anything short of meeting

Related PHAB Standard/Measure 9.2.2

*Objective*

5.2.3 On a quarterly basis, convene the SCHD performance management team to evaluate all performance standards, measures and improvement activities. On a quarterly basis, convene the SCHD performance management team to evaluate all performance standards, measures and improvement activities.

Exceed – Meeting plus evidence of additional performance management program development (Integrate QI to Performance Management; integrate Performance Management to Strategic Plan; etc.)

Meeting – Performance management team on pace to meet four times annually, with documentation (minutes/agenda) of each meeting and documentation of "to-do's or next steps" to address all performance measures classified as "Caution".

Caution – Performance management team not on pace to meet four times annually

PHAB 9.1.2, 9.1.3

| *Initiative* | *Key Performance Measures* |
|---|---|
| 5.3 Administer Fiscal, Technology and Operations Support Functions:<br>PHAB 11.1: Develop and maintain an operational infrastructure.<br>PHAB 11.2 Establish effective financial management systems. | |

*Objective*

5.3.1 Maintain policies and procedures regarding SCHD operations, processes, and HR; review regularly and assure accessibility for staff: Create and maintain a single database for all departmental policies and procedures. (PHAB: 11.1.1)
Q1: Identify current departmental policies & procedures and document needs associated for Accreditation.
Exceeds: Completed Q1 goal and started Q2 goal. Meets: Completed Q1 goal. Caution: Not completed.
Q2: Continue to identify current needs and assure all submissions are properly formatted. Exceeds: Completed Q2 goal and started Q3 goal. Meets: Completed Q2 goal. Caution: Not completed.
Q3: Develop and implement a departmental P&P Review Policy
Exceeds: Completed Q3 goal and started Q4 goal. Meets: Completed Q3 goal. Caution: Not completed.
Q4: Create SharePoint site for HD P&P and conduct 1st maintenance cycle of departmental review.
Exceeds: Completed Q4 goal and started Q1(2013) goal. Meets: Completed Q4 goal. Caution: Not completed.

*Objective*

5.3.2 Develop a Technology Plan for use by SCHD: Develop a technology plan for the SCHD. As the plan develops, the plan may include an inventory of hardware/software, networking diagrams, plan for replacement of equipment, plan for acquiring new equipment, evaluation of new technology, health information exchange information, and information in regards to integration of the SCHD towards use of an Electronic Medical Record (EMR), and/or Electronic Health Record (EHR). (PHAB: 11.1.6)

Exceeding: Develop a technology plan and begin implementation ahead of schedule.
Meeting: Inform Director of SCHD and Leadership group on a Quarterly basis of movement towards development and implementation of a new technology plan for use by SCHD. Verify a minimum of 95% of the responsible Divisions Technology and update any changes to networking diagram for that section.
Caution: anything less than a meeting.

*Objective*

5.3.3 Provide HR support by keeping an updated Organizational Chart.: The Org chart for the Health Department will be updated on a monthly basis to include all terminations, resignations and changes in funding sources.
Meeting Objective when quarterly review shows 3 of 3 monthly updates completed on time
Not Meeting Objective when quarterly review shows < 3 monthly updates completed on time

*Objective*

5.3.4 Provide HR support by ensuring zero errors during annual payroll audit: 100% compliance with County policy regarding zero errors during annual payroll audit.
Target is zero findings on annual audit.
Baseline: 2010: 0 errors; 2011: 0 errors
Meeting Objective - 0 errors on annual audit. Not Meeting Objective - >0 errors on annual audit.

*Objective*

5.3.5 Provide HR support by Completion and distribution of all HR reports: Completion of all HR reports for Leadership and Program Managers on a monthly basis.
Will generate 18 reports monthly by the Wednesday preceding a payroll.
Meeting Objective - 18 reports/month.
Not Meeting Objective - <18 reports/month.

*Objective*

5.3.6 Provide Financial and budgetary support by 100% compliance with County policy regarding grants management of all Federal and State grants: Review of grants by external auditor on an annual basis. Goal is 100% compliance with grant requirements and county policy for management of all federal and state grants.
Meeting Objective - pass external audit of all HD managed grants.
Not Meeting Objective - fail any external audit of HD managed grant.

*Objective*

5.3.7 Provide Financial and budgetary support by preparing and submitting grant budgets by established time line: Quarter 1 Submissions, Aid to Local Application due 3/15, TB Control due 1/1. Quarter 2 Submissions, 2012 Local est. due 4/9, HSI

| |
|---|
| due 6/1, MMRS KHP due 4/1. Quarter 3 Submissions, TB Indigent 7/1, WIC due 7/23, Aid to Local Final Budgets, BT, due 9/1, MRC due 9/30<br>Meeting Objective - all grants submitted by agreed upon time line.<br>Not Meeting Objective - missing one timely submission of a grant. |
| *Objective*<br>5.3.8 Provide Operations support by implementing a needs request system - HEAT TICKET: Quarter Three 2012: Pilot test a Heat Ticket System for all operations needs request and build a baseline for measures. Quarter Four 2012: TBD based on baseline assessment from Q3 pilot. |

## Analysis Of The Department's Strengths And Weaknesses

In May of 2010, the SCHD completed The Local Health Department Self-Assessment Tool for Accreditation Preparation (SAT)which allows LHDs to measure themselves against the Operational Definition and identify areas of strength and areas for improvement. The director, division directors, and their direct reports were all invited to participate in a four hour exercise to complete the assessment. The results of the full assessment were shared with all participants and County leadership. In brief, the essential services where respondents felt the department had the most significant capacity included 2-Protecting People from Health Problems and Health Hazards, 3-Give People Information They Need To Make Healthy Choices, 7-Help People Receive Health Services, and 8-Maintain a Competent Public Health Workforce. The weakest score was essential service 10-Contribute To and Apply the Evidence Base of Public Health. Essential service indicators were scored on a scale where "one" meant "no capacity" and "five" indicated "optimal capacity".

| Essential Service | Essential Service Description | Aggregate Score |
|---|---|---|
| 1 | Monitor health status and understand health issues facing the community | 3.83 |
| 2 | Protect people from health problems and health hazards | 4.76 |
| 3 | Give people information they need to make healthy choices. | 4.02 |
| 4 | Engage the community to identify and solve health problems. | 3.48 |
| 5 | Develop public health policies and plans | 3.9 |
| 6 | Enforce public health laws and regulations | 3.5 |
| 7 | Help People receive health services | 4.09 |
| 8 | Maintain a competent public health workforce | 4.08 |
| 9 | Evaluate and improve programs | 3.16 |
| 10 | Contribute to and apply the evidence base of public health | 2.46 |

## Linkage to Community Health Improvement Plan

The strategic plan was designed after the community assessment phase and with the community health priorities in mind. Initiative 1.1 is the development and coordination of the CHIP. Further, Initiative 1.3, 3.1, 3.2, 3.3, 4.1,4.2, and 4.3 are tied directly to the community priorities as our staff lead obesity and diabetes prevention efforts, improve access to care, raise awareness about health disparities, provide health access services and lead community coalition work to support health access.

## Linkage to Quality Improvement Plan

Strategic Plan Initiative 5.2 includes two performance measures tied directly to the Quality Improvement efforts. The Quality Improvement Plan is available on SharePoint. The QI plan states: Looking ahead to 2012-2015, SCHD will build on past QI successes related to: staff training, completion of QI projects and the development of a strong Quality Improvement Team (Q-Team). QI project staff and the Q-Team have already begun to identify strategic improvement areas to improve the efficiency and effectiveness of QI activities and initiatives. Additionally, QI project staff and the Q-Team will work to ensure further development of the agency's performance management system and ensure that QI processes are an intentional and systematic part of that process." The QI Plan also includes: "QI projects based on **PROGRAM OBJECTIVES AND KEY PERFORMANCE MEASURES** are evidence of the agency's strategic utilization of a performance management system (described in "Definitions" above). Program objectives and key performance measures are reported regularly by staff and reviewed, at least quarterly, by the performance management team. QI projects based on these criteria are the highest priority for QI project selection."

Thus the Strategic Plan and QI Plan are authentically linked.

# Our Values

## accountability

accepting responsibility for our job performances, actions, behavior, and the resources entrusted to us.

## commitment

individual and collective dedication of employees to their jobs and the organization in providing quality services to meet client/customer needs.

## equal opportunity

providing a work environment which is fair to all current and prospective employees through equal treatment in employee benefits, promotions, training, continuing education, and daily responsibilities, as well as fair and equitable access for all citizens and consumers of Sedgwick County services.

## honesty

truthful, forthright interaction among employees, management, and the public - which fosters trust, integrity and a lasting working relationship.

## open communication

the honest exchange and processing of ideas and information with the public, coworkers, staff, other departments, and administration.

## professionalism

an individual promoting honesty, respect, pride, positive self image and team effort; adhering to a high standard of ethical conduct, competence, and innovation; and who acknowledges criticism, accepts responsibility, and strives for occupational growth.

## respect

consistently demonstrating a deep regard for the diversity, needs, feelings, and beliefs of all people, and acknowledging ideas and opinions of every employee, citizen and consumer.

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As Adopted Through Strategic Planning Departmental Implementation Meetings and the Values Consolidation Meeting